

REMARKS

In the Office Action, it was noted that claims 16 and 22 were objected to because of certain informalities. Appropriate correction has been made, and thus, applicant respectfully requests the objections be withdrawn.

The abstract was objected to because it exceeded 150 words. Appropriate correction has been made to limit the abstract to no more than 150 words, and thus, applicant respectfully requests the objection be withdrawn.

Claims 1, 4-31 are presented.

Claims 2 and 3 have been canceled and the subject matter incorporated into claim 1.

Claims 1, 4-31 are rejected under 35 USC § 102(e) or 103(a).

Claims 3, 18, and 28 were objected to under 35 USC § 112 as being indefinite. With regards to the now canceled claim 3, some confusion may have resulted from a typo in that “input identification device” as set forth in claim 3 should have read “identification input device,” which has been corrected as incorporated into claim 1. However, applicant traverses the objection that limitations now in claim 1, as well as claim 18, are otherwise unclear as set forth and further defined and explained in the specification. As the Examiner noted (for previous claim 3) the limitations of claim 1 clearly calls for the identification input device to *generate* an ID code for identifying the client and associating the client with the patient record. Under the commonly understood dictionary meaning of the word “generate”, there would not seem to be any indication that the identification input device, as set forth in claim 1, merely accepts identification information from a user, as noted by the Examiner. To be perfectly clear,

once the ID code is generated by the identification input device, the client may then use the identification input device to simply input the ID code, in which case the device is merely accepting the ID information. Claims 1 and 18, however, are concerned with the generation of the ID code, as applicant believes is clearly recited in the claims. Claim 20 illustrates the limitation of the identification input device being used to input the ID code to access the client record by the client. Claims 1 and 18 have been amended to further clarify this distinction. Accordingly, applicant believes the claim limitations are definite and respectfully requests the rejections be withdrawn. With regards to claim 28, the claim has been amended to include proper antecedent basis and thus, applicant respectfully requests the rejection be withdrawn.

Turning now to the rejection of independent claims 1 and 16 along with the dependent claims 6, 7, 14, 15, 17, 18, 20-22, 24. Claims 1 and 16 along with the cited dependent claims are rejected under 35 USC § 102(e) as being anticipated by Joao (U.S. Patent No. 6,283,761). These rejections are respectfully traversed as improper for the reasons discussed below.

Considering the reference to Joao, the reference is directed to an apparatus and method for processing and providing healthcare information to healthcare providers and patients. More specifically, Joao teaches providing a computer database for providing reports and information to hospitals, insurance companies, and patients, by associating them together through well known networking means, such as the internet.

The Joao reference is not directed, as the present invention is, to a client-driven system and process for directing a patient through a plurality of stations within a healthcare facility, whether a hospital, clinic, or the like, to receive appropriate

treatment, with the client record being controlled by the client while moving from station to station. The claims have been amended to clarify these differences between Joao and the present invention.

Turning to claim 1, the claimed subject matter not taught by the reference will now be discussed. The claim calls for a healthcare facility including at least a client station, a business station, a nurse station, and a practitioner station located in close proximity inside the healthcare facility to allow clients to walk to each of the stations. Joao teaches associating a healthcare provider, such as a hospital or clinic, with a healthcare payer, such as an insurance company, with a patient computer, with an intermediary, such as a broker, through a computer network. There is nothing disclosed in Joao to suggest a healthcare facility, of a singular and self-contained nature, with the listed stations as claimed and taught in the specification for providing the client driven healthcare system and process.

The claim calls for an identification input device at the client station for generating (as discussed above) a computer readable ID code input into the client record and operatively associating the client with the respective client record. The claim calls for a computer program directing the client to the business station in the facility after responding to the medical queries. The claim calls for the business station to have an identification input device for accessing the client record by the client, and a terminal for generating client insurance and business information for input into the client record in the form of computer readable business data and, establishing a level of service to be provided to the client while at the healthcare facility. Also, the claim calls for the computer program to then direct the client to an appropriate station depending on the

responses to the medical queries and the level of service established after responding to said medical queries and providing the insurance and business information. The claim further calls for the client to access the client record using the ID code at the various stations before lab data, exam data, or other information can be input into the client record. The Joao reference teaches none of the above claim limitations and applicant respectfully requests that the rejection be withdrawn.

Claims 4-15 all depend from claim1 and are thought to be allowable for the above stated reasons, as well as based on additional limitations set forth in the cited dependent claims.

Turning to claim 16, the claimed subject matter not taught by the reference will now be discussed. Claim 16 calls for a healthcare facility including at least a client station, a nurse station, and a practitioner station located within easy walking distance to allow clients to quickly receive healthcare services. As noted above, Joao teaches associating a variety of service providers through a computer network. There is nothing disclosed in Joao to suggest a healthcare facility containing all of the listed stations as claimed and taught in the specification for providing the client driven healthcare system and process. Joao is directed to solving an entirely different set of problems.

The claim also calls for a computer program including computer readable instructions for generating diagnostic information regarding possible diagnoses of the client's health state based on said client data, establishing a level of visit , services, and selection of pre-priced medical packages to be provided by the healthcare facility. The claim calls for the computer program to direct the client to one of said nurse or practitioner stations within the healthcare facility depending on the client data, level of

visit, services, and selected medical package. The claim calls for the nurse station to receive the client from the client station or the practitioner station having a computer terminal networked with the system computer. The claims further calls for lab data input into said client record once retrieved by said client using an ID code at the nurse station. The claim then calls for the practitioner station to receive the client from the client station or the nurse station, and exam data to be input into the client record once retrieved by the client using an ID code at the practitioner station. The reference to Joao does not teach the above referred to limitations and applicant respectfully requests that the rejection be withdrawn.

Claims 17-24 all depend from claim 16 and are also believed allowable for the above stated reasons, as well as based on additional limitations set forth in the cited dependent claims.

Independent claim 25 was rejected under 35 USC § 103(a) as being unpatentable over Joao. The rejection states that Joao teaches the method substantially as recited in claim 25 (the Office Action says claim 1, but applicant assumes the Examiner was intending to refer to claim 25). The rejection further states that it is obvious in view of Joao to have the providers retrieve and update patients records when the patient goes for treatment, necessitating the entry of patient identification information, and that it is obvious for the patient and practitioner to review treatment data jointly at the practitioner station. This rejection is respectfully traversed as improper.

Considering the reference as a whole, Joao is directed to providing a computer database for providing reports and information to hospitals, insurance companies, and

patients, by associating them together through well known networking means, such as the internet. Joao is not a client-driven system and process for directing a patient through a plurality of stations within a healthcare facility, whether a hospital, clinic, or the like, to receive appropriate treatment, with the client record being controlled by the client while moving from station to station. Accordingly, Joao is nonanalogous art since the present invention is directed to solving an entirely different set of problems than Joao, and an inventor would not look to Joao to solve the problems of providing a client driven healthcare system and process as disclosed by the present invention. Furthermore, looking at Joao as a whole, the reference teaches away from the present invention by focusing specifically on how to network separate organizations while providing patients with access to the information, as well as focusing on providing healthcare provides with direct access to the patients records, whether the patient is present or not, which is in direct contradiction to the present invention.

In addition to the above reasoning, the claimed subject matter not taught by Joao in claim 25 includes providing a healthcare facility with at least a client station, a nurse station, and a practitioner station. The claim calls for a real-time client record accessible by the client as the client proceeds through the facility from station to station for healthcare. The claim calls for using an ID code to access the client record at one of the stations so that the client, nurse, or practitioner can add information to the record only after the client has retrieved the record using the client ID code. The claim also calls for directing the client to an appropriate station based on the client's responses to questions, and for laboratory information to be input into the record while the client is at the nurse station and practitioner station. No reference and no valid combination of

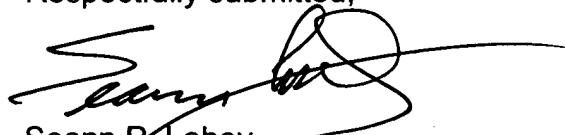
references teach the claimed subject matter and applicant respectfully requests that the rejection be withdrawn.

Claims 26-31 all depend from claim 25 and are also believed allowable for the above stated reasons, as well as based on additional limitations set forth in the cited dependent claims.

The references to Mayaud, Yokota, Campbell, Evans, Goetz, and Clark have been considered, however, as these references are secondary references employed in the rejection of dependent claims, or simply cited as pertinent art, further comment is not thought necessary.

An earnest effort has been made to overcome the objections and rejections raised by the Examiner. It is earnestly believed that all claims are now in proper form and drawn to clearly define over the references of the rejections. It is, therefore, urged that the Examiner find the claims to be allowable and pass the case to issue in the due course of PTO business.

Respectfully submitted,



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